

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">10666712</div>	FILING DATE				
APPLICANT(S)												
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1									
2		1										
3		2										
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TOTAL IND.	3	0	3	0		0						
TOTAL DEP.	15		10									
TOTAL CLAIMS	18		13									
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TOTAL IND.		0		0								
TOTAL DEP.												
TOTAL CLAIMS												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

FORM PTO-1360 (REV. 3-78)

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